

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Quintin Ramanauskas
20418 Breezeway Drive
Macomb MI 48044

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature


☐ Agent☐ Addressee

B. Received by (Printed Name)

QUINTIN RAMANAUSKAS

C. Date of Delivery

D. Is delivery address different from Item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

DEC 04 2020
MACOMB MI
3044

3. Service Type

☒ Certified Mail®☐ Registered Mail Express☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ Collect on Delivery

4. Restricted Delivery? (Extra Fee)

☐ Yes

7014 0150 0001 0703 3150

Domestic Return Receipt

FILED
JAN 15 2021
CLERK'S OFFICE
U.S. DISTRICT COURT